

**2016 Select Requested Workshop (check)**

DESTINATION	✓	Dates
Miami		February 17 - 19
Miami		April 20 - 22
Miami		June 01 - 03
Miami		August 17 - 19
Miami		September 28 - 30
Miami		November 16 - 18

Form Instructions: Information should be clearly entered. The completed form should be returned by email to: [cii@gate.net](mailto:cii@gate.net) or it could be printed and returned by mail to the address below.

**USPHS**

Centers for Disease Control and Prevention  
Vessel Sanitation Program

**Participating Cruise Company Information**

Company:

Address:

*Street**City**State**ZIP Code**Country**# of Workshop Seats*

Phone:

( )

Email Address:

Authorized  
Official (print):*First**M.I.**Last*

Signature:

Date:

**Participant Information**

<i>Job Title*</i>	<i>*First Name</i>	<i>*Last Name</i>	<i>*Ship Name</i>
<input type="checkbox"/> <i>Technical</i> or <input type="checkbox"/> <i>Operations</i>			
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<input type="checkbox"/> <i>Technical</i> or <input type="checkbox"/> <i>Operations</i>			

\*Required information.

Companies with additional submissions should email [cii@gate.net](mailto:cii@gate.net) with a listing providing the same information, as above, either as an Excel or Word file.**Emergency Contact Information**Full Name:  
(print)*First**Last*

Primary Phone:

( )

Alternate Phone:

( )

Email  
Address  
:

Return Registration to: The Cruise Industry Institute  
7881 Canyon Lake Circle, Orlando, Florida 32835 | U.S.A.

Phone: 407-271-4286 | Direct: 407-808-8210 | FAX: 407-286-0850  
Email: [cii@gate.net](mailto:cii@gate.net)

## Hotel Information

### Individual Registrant, only:

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_  
\*Address \_\_\_\_\_  
\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*Phone \_\_\_\_\_ \*Email Address \_\_\_\_\_

Double Occupancy (rooming with - name): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\*Check-in Date: \_\_\_\_\_

\*Check-in Time: \_\_\_\_\_

\*Check-out Date: \_\_\_\_\_

\*Check-out Time: \_\_\_\_\_

### Company Registration, only:

\*Group Coordinator's Name: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*Phone Number (direct): ( ) Cell Number: ( )

\*# of Guest Rooms \_\_\_\_\_

\*Required information. CII will contact the Group Coordinator upon receipt of the registration form.

## Payment Information

Choose method.

Reference Purchase Order, if applicable: \_\_\_\_\_

☐ Credit card payment



\*Name on Card: \_\_\_\_\_

\*Credit Card number: \_\_\_\_\_

\*Expiration Date (mm/yy): \_\_\_\_\_

\*SIC number: \_\_\_\_\_

☐ Post mail: company check, money order

☐ Wire transfer: email [cii@gate.net](mailto:cii@gate.net) for bank details

☐ \*I promise to issue payment to The Cruise Industry Institute as indicated, above.

\*Required information.

## Workshop Cancellation Policy

CII relies on an accurate attendance count to make important arrangements for these workshops. If a registrant needs to withdraw from a workshop, CII must be informed in writing by letter, email or fax no later than 7 days prior to the first day of the scheduled workshop. CII will confirm the receipt of the cancellation within one business day. Workshop roster is maintained on a **first-come first-served basis**.

- 1) There is a flat-fee charge of US\$300.00 per person towards foods, beverages and banquet services for the workshop. This amount is payable in US funds. Company checks must be drawn on a US bank with **The Cruise Industry Institute** as payee. No personal checks will be accepted. The Meal Plan includes: (3) Continental breakfasts/(5) Coffee Breaks/ (3) Lunches.
- 2) Payment is due in full prior to commencement of the workshop unless otherwise agreed to by CII. Registration will not be confirmed until payment is received.
- 3) No refunds or credits will be available for cancellations made within 7 days (inclusive) of the workshop commencement. Please take this into account when registering for a workshop. Credit notes, if issued, are valid within the calendar year of submission.
- 4) Workshop registration is transferable to another individual should a registrant withdraw. Name substitutions should be received by CII ahead of registration time - 08:00 the day of workshop commencement.
- 5) CII shall assume no liability whatsoever in the event of a registrant 'no show', or the workshop is cancelled, rescheduled or postponed due to a fortuitous event, Act of God, unforeseen occurrence or any other event that renders performance of the workshop impracticable or impossible. For purposes of this clause, a fortuitous event shall include, but not be limited to: armed conflict, fire, labor strike, extreme weather or other emergency.
- 6) Should a workshop be cancelled, rescheduled or postponed for any reason, including canceling a workshop that does not meet minimum registration requirements, paid registrants will be given full refunds.

☐ \*I have read and understand the terms of the policy as indicated, above.

\*Required information.